



Smallpox Bibliography August 2003

1: AAOHN J. 2003 Jun;51(6):240-2.

Smallpox vaccination--implications for the occupational health professional.

DesRoches P.

Employee Health Sciences, Emory Healthcare, Atlanta, GA, USA.

Because of the announcement of the ACIP recommendation on December 13, 2002 and the commencement of the smallpox vaccine program at various facilities nationally, adverse events data are being carefully analyzed by CDC researchers. As previously discussed, CDC recommend a cardiac risk profile be included in the pre-event vaccination screening

2: Am J Nurs. 2003 Jul;103(7):116; author reply 116-7.

Comment on:

Am J Nurs. 2003 Mar;103(3):13.

Support for smallpox vaccinations.

Skidmore SL.

Publication Types:

Comment

Letter

PMID: 12877136 [PubMed - indexed for MEDLINE]

3: Am J Nurs. 2003 Jul;103(7):116; author reply 116-7.

Comment on:

Am J Nurs. 2003 Mar;103(3):13.

Support for smallpox vaccinations.

Keely J.

Publication Types:

Comment

Letter

PMID: 12877135 [PubMed - indexed for MEDLINE]

4: Am J Nurs. 2003 Jul;103(7):116; author reply 116-7.

Comment on:

Am J Nurs. 2003 Mar;103(3):13.

Support for smallpox vaccinations.

Frazier A.

Publication Types:

Comment

Letter

PMID: 12877137 [PubMed - indexed for MEDLINE]

5: Am J Nurs. 2003 Jul;103(7):116; author reply 116-7.

Comment on:

Am J Nurs. 2003 Mar;103(3):13.

Support for smallpox vaccinations.

Hurley D.

Publication Types:

Comment

Letter

PMID: 12877138 [PubMed - indexed for MEDLINE]

6: Am J Nurs. 2003 Jul;103(7):116; author reply 116-7.

Comment on:

Am J Nurs. 2003 Mar;103(3):13.

Support for smallpox vaccinations.

Holloway B.

Publication Types:

Comment

Letter

PMID: 12877139 [PubMed - indexed for MEDLINE]

7: Am Nurse. 2003 Mar-Apr;35(2):1, 13.

Recalling 1947 smallpox outbreak. Nurse helped vaccinate New Yorkers in massive effort.

Trossman S.

Publication Types:

Historical Article

PMID: 12815822 [PubMed - indexed for MEDLINE]

8: Am Nurse. 2003 Mar-Apr;35(2):1-2, 12.

The return of the smallpox vaccination. Nurses report on plans, concerns.

Trossman S.

PMID: 12815821 [PubMed - indexed for MEDLINE]

9: Antiviral Res. 2003 Jan;57(1-2):7-12.

Smallpox: a potential agent of bioterrorism.

Whitley RJ.

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AL 35233, USA. rwhitley@peds.uab.edu

The events of 11 September 2001, in New York City, and subsequent identification of anthrax in the United States Postal System, have generated a new sense of awareness for the potential of biological terrorism, if not warfare. Among those agents identified by the Centers for Disease Control and Prevention as 'Class A Bioterrorist Threats', smallpox is among the most dangerous. The ease of transmission of this agent, the lack of immunity in the population at large to this agent, and rapidity of its spread, if released, all generate significant concern for its deployment. A vaccine directed against smallpox is available but it is also associated with significant adverse events-some of which are life-threatening. Further, no antiviral drug has proven efficacious for therapy of human disease, although one licensed drug, cidofovir, does have in vitro activity. Regardless, heightened awareness should lead to the development of a vaccine without significant adverse events and safe and efficacious antiviral drugs. The availability of a vaccine and antiviral drugs that are safe would significantly remove any major threat of smallpox deployment by a terrorist.

Publication Types:

Review

Review, Tutorial

PMID: 12615298 [PubMed - indexed for MEDLINE]

10: Antiviral Res. 2003 Jan;57(1-2):1-5.

An overview on the use of a viral pathogen as a bioterrorism agent: why smallpox?

Mahy BW.

National Center for Infectious Diseases, 1600 Clifton Road, CDC, Mailstop C12, Atlanta, GA 30333, USA. bxm1@cdc.gov

Publication Types:

Review

Review, Tutorial

PMID: 12615297 [PubMed - indexed for MEDLINE]

11: Arch Neurol. 2003 Jul;60(7):925-8.

Encephalitis complicating smallpox vaccination.

Miravalle A, Roos KL.

Department of Neurology, Indiana University School of Medicine, and Indiana University Hospital, Indianapolis, USA.

A smallpox vaccination program has been initiated. The vaccine is a live virus that was used in the last century. Postvaccinal encephalitis is a complication of this vaccine. The clinical presentation, course, neuroimaging findings, and spinal fluid abnormalities are similar to a disorder that physicians are familiar with, acute disseminated encephalomyelitis. This complication can be prevented with the administration of antivaccinia gamma globulin at the time of vaccination. Antivaccinia gamma globulin is not efficacious once this complication occurs. Intravenous methylprednisolone is the recommended therapy, although intravenous immunoglobulin and plasmapheresis should be investigated in the treatment of postvaccinal encephalitis.

Publication Types:

Review

Review, Tutorial

PMID: 12873847 [PubMed - indexed for MEDLINE]

12: Clin Infect Dis. 2003 Jul 15;37(2):241-50. Epub 2003 Jul 10.

Smallpox vaccination: a review, part I. Background, vaccination technique, normal vaccination and revaccination, and expected normal reactions.

Fulginiti VA, Papier A, Lane JM, Neff JM, Henderson DA.

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Because smallpox could be a factor in bioterrorism, the United States has provided guidelines for smallpox vaccination of certain members of the population, including health care workers and first responders, as well as military personnel. A plan for more extensive vaccination, if it is needed in the event of a bioterrorist attack, is being developed under the aegis of the Centers for Disease Control and Prevention. The characteristics of smallpox vaccine, the technique of administration, and the expected reactions to primary vaccination and revaccination are outlined in this article.

Publication Types:

Review

Review, Tutorial

PMID: 12856217 [PubMed - indexed for MEDLINE]

13: Clin Infect Dis. 2003 Jul 15;37(2):251-71. Epub 2003 Jul 10.

Smallpox vaccination: a review, part II. Adverse events.

Fulginiti VA, Papier A, Lane JM, Neff JM, Henderson DA.

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Smallpox vaccination of health care workers, military personnel, and some first responders has begun in the United States in 2002-2003 as one aspect of biopreparedness. Full understanding of the spectrum of adverse events and of their cause, frequency, identification, prevention, and treatment is imperative. This article describes known and suspected adverse events occurring after smallpox vaccination.

Publication Types:

Review

Review, Tutorial

PMID: 12856218 [PubMed - indexed for MEDLINE]

14: Clin Infect Dis. 2003 Jul 15;37(2):281-4. Epub 2003 Jun 27.

Transmission of vaccinia virus and rationale for measures for prevention.

Lane JM, Fulginiti VA.

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Currently, health care workers (HCWs) in the United States are being vaccinated against smallpox, and there is a possibility that this will be expanded to a more widespread vaccination program. Inadvertent transmission of vaccinia virus to patients with illnesses that are contraindications to vaccination is theoretically possible. Vaccinia virus is shed from the vaccination lesion of

healthy primary vaccinees from approximately the third day to the end of the third week after vaccination; transmission of vaccinia virus is rare but does occur. Prudent management of the vaccination site by HCWs should virtually eliminate transmission. We recommend that vaccinated HCWs cover the site with loose gauze dressings and, when caring for patients with immunosuppression or extensive disruptive skin disorders, cover the dressings with semipermeable membranes. The evidence for respiratory spread of vaccinia virus is not compelling, and therefore droplet or airborne infection precautions should not be necessary, even for vaccinated HCWs who are caring for patients who experienced serious adverse events after smallpox vaccination in the past.
PMID: 12856220 [PubMed - indexed for MEDLINE]

15: Clin Infect Dis. 2003 Jul 1;37(1):150-1.

Comment on:

Clin Infect Dis. 2003 Feb 15;36(4):468-71.

Smallpox vaccination to combat bioterrorism.

Arya SC.

Publication Types:

Comment

Letter

PMID: 12830424 [PubMed - indexed for MEDLINE]

16: Clin Infect Dis. 2003 Jul 1;37(1):145-6. Epub 2003 Jun 20.

Myocarditis after smallpox vaccination: a case report.

Saurina G, Shirazi S, Lane JM, Daniel B, DiEugenia L.

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A 20-year-old airman (US Air Force) developed myocarditis 8 days after smallpox vaccination. He was treated with nonsteroidal anti-inflammatory agents, and his symptoms promptly resolved. However, postvaccinial myocarditis can lead to serious complications and even death.

PMID: 12830420 [PubMed - indexed for MEDLINE]

17: Curr Opin Infect Dis. 2003 Jun;16(3):237-9.

Should smallpox vaccine be tested in children?

Baltimore RS, Jenson HB.

Following the terrorist attacks on 11 September 2001 there has been increased concern about bioterrorism, much of it focused on smallpox. Routine smallpox vaccination in the USA was discontinued in 1972 and most US citizens are susceptible to smallpox. The last natural case of smallpox occurred in 1978 but the virus has been stocked in freezers. If a terrorist had access to stored smallpox virus a release could produce a chaotic situation. In response the USA has developed a program for vaccinating adults but children have been left out. The only available vaccine has recently been tested in adults but a proposal for testing children was not approved. We need to know if available vaccines are safe for children so children can be safely and effectively vaccinated in an emergency situation.

Publication Types:

Editorial

PMID: 12821814 [PubMed - indexed for MEDLINE]

18: Cutis. 2003 Apr;71(4):319-22.

Smallpox.

Dacko A, Hardick K, Yoshida T.

St. John's Institute of Dermatology, St Thomas' Hospital, London, Great Britain.

annehardick@hotmail.com

With recent events, the threat of bioterrorism has become a reality. In late 2001, multiple cases of cutaneous and inhalation anthrax were spread through the US mail. On the front line were dermatologists who diagnosed the first cases of cutaneous anthrax in New York City. Since then, physicians who are unsure if they are facing a new form of bioterrorism frequently have consulted dermatologists to evaluate rashes. Because most biological weapons (anthrax, tularemia, plague, smallpox) can have cutaneous manifestations, dermatologists will continue to have an important role in evaluating these potential threats.

Publication Types:

Review

Review, Tutorial

PMID: 12729099 [PubMed - indexed for MEDLINE]

19: Hosp Outlook. 2003 Mar-May;6(2):7, 11.

President Bush signs smallpox fund bill.

[No authors listed]

PMID: 12828039 [PubMed - indexed for MEDLINE]

20: J Am Dent Assoc. 2003 Apr;134(4):408, 410.

Duck and cover: a prudent defense against smallpox.

Jeffcoat MK.

Publication Types:

Editorial

PMID: 12733765 [PubMed - indexed for MEDLINE]

21: J Emerg Med. 2003 Apr;24(3):351-2.

Smallpox vaccination for emergency physicians: joint statement of the AAEM and the SAEM.

Moran GJ, Everett WW, Karras DJ, Pesik NT, Sztajnkrzyer MD; American Academy of Emergency Medicine; Society for Academic Emergency Medicine.

Department of Emergency Medicine and Division of Infectious Diseases, Olive View-UCLA Medical Center, Los Angeles, California, USA.

PMID: 12676316 [PubMed - indexed for MEDLINE]

22: J Occup Environ Med. 2003 Apr;45(4):344-5.

Experience with vaccinia vaccine in the post-eradication era.

Green-McKenzie J, Watkins M.

Publication Types:

Letter
PMID: 12708136 [PubMed - indexed for MEDLINE]

23: Kans Nurse. 2003 May;78(5):5-7.
Smallpox vaccination and the nurse.
Clements TI.
Bureau of Epidemiology and Disease Prevention, Kansas Department of Health and Environment, USA.
PMID: 12830676 [PubMed - indexed for MEDLINE]

24: Miss RN. 2003 Summer;65(2):8-9.
The smallpox vaccination program in Mississippi; a brief history of smallpox and smallpox vaccination.
[No authors listed]
Publication Types:
News
PMID: 12861747 [PubMed - indexed for MEDLINE]

25: MMWR Morb Mortal Wkly Rep. 2003 Jul 11;52(27):639-42.
Update: cardiac and other adverse events following civilian smallpox vaccination--United States, 2003.
Centers for Disease Control and Prevention.
During January 24-June 20, 2003, smallpox vaccine was administered to 37,802 civilian health-care and public health workers in 55 jurisdictions to prepare the United States for a possible terrorist attack using smallpox virus. This report updates information on vaccine-associated adverse events among civilians vaccinated since the beginning of the program and among contacts of vaccinees, received by CDC from the Vaccine Adverse Event Reporting System (VAERS) as of June 20. Two cases of dilated cardiomyopathy (DCM) were diagnosed 3 months after vaccination. For the potential relation between smallpox vaccine and DCM to be assessed, identification of additional cases of DCM among vaccinees will be essential. Physicians who treat smallpox vaccine recipients are encouraged to evaluate and report patients with symptoms compatible with DCM, including those that occur several months after vaccination.
PMID: 12855946 [PubMed - indexed for MEDLINE]

26: Nursing. 2003 Jun;33(6):36-42; quiz 43.
What you need to know about the smallpox vaccine.
Karber S, Fasano N.
Communicable Disease and Immunization Division, Michigan Department of Community Health, Lansing, Mich, USA.
Publication Types:
Review
Review, Tutorial
PMID: 12799585 [PubMed - indexed for MEDLINE]

27: Pa Nurse. 2003 Mar-Apr;58(2):6.
Smallpox update nurses advised to weigh risks before receiving vaccine.
[No authors listed]
PMID: 12858793 [PubMed - indexed for MEDLINE]

28: Pediatr Infect Dis J. 2003 Jun;22(6):574-5.
Risks to children of health care personnel receiving smallpox vaccination.
Cherry JD.
Publication Types:
Letter
PMID: 12799516 [PubMed - indexed for MEDLINE]

29: Tenn Nurse. 2003 Summer;66(2):8-11.
Tennessee prepares for the threat of smallpox.
McIntyre PS.
Tennessee Department of Health.
PMID: 12847870 [PubMed - indexed for MEDLINE]

30: Tenn Nurse. 2003 Summer;66(2):14-5.
Smallpox vaccinations: a volunteer program in the volunteer state.
Pafford-Failor M.
PMID: 12847871 [PubMed - indexed for MEDLINE]